

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig		TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson		STATE MS	ZIP 39215 -1700
EMAIL Cassandra.walter@msdh.ms.gov	SUBMIT DATE 5-5-22	Name or number of rule(s): Title 15: Mississippi State Department of Health; Part 22: Medical Cannabis Program; Subpart 3: Advertising and Marketing			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New rules and regulations developed to ensure the availability of and safe access to medical cannabis for qualified persons with debilitating conditions.

Specific legal authority authorizing the promulgation of rule: Mississippi Medical Cannabis Act, S.B. 2095, Mississippi Legislature Regular Session, Section 4(1) (3) and (21)

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

_ An oral proceeding is scheduled for this rule on Date: Time: Place:

_ Presently, an oral proceeding is not scheduled on this rule.

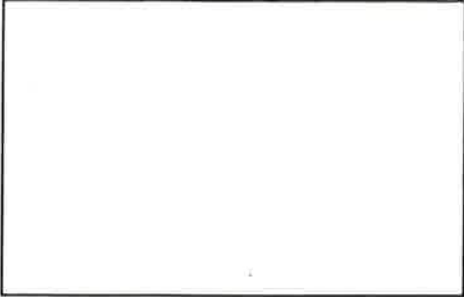
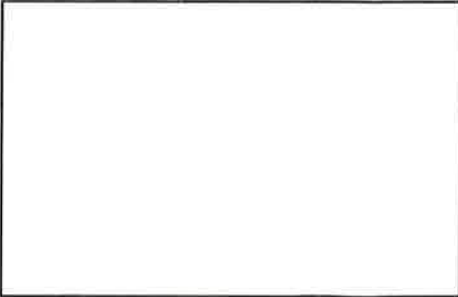

ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: April 8, 2022 Action taken: _____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): May 5, 2022

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by	Accepted for filing by 